

Date Sent to Technical Center \_\_\_\_\_  
Date Received by Technical Center \_\_\_\_\_

NORTHERN NECK TECHNICAL CENTER  
APPLICATION FOR ADMISSION

PROGRAM DESIRED: First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

High School that you attend: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_ Special Education? Y / N Counselor: \_\_\_\_\_

Number of absences through first semester: \_\_\_\_\_ If days exceed five, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any job experience you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel that you are a good candidate for your first choice technical program?  
\_\_\_\_\_  
\_\_\_\_\_

Your Guidance Counselor and your parent or guardian must sign and date this application. Please return this to your Counselor, who will obtain any remaining signatures.

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Student's Signature

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Date

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Parent's/Guardian's Signature

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Date

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Counselor's Signature

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Date

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Principal's Signature

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Date

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Special Education Case Manager's Signature (if needed)

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Date